L0500014819

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
. (Вч	isiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		·	



300142015003

01/29/09--01038--003 **60.00

O9 JAN 29 AM II: 11
SECRETARY OF STATE
SECRETARY OF STATE

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Healthy Life Vitamin Shape LLC (Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
CASSANDRA LEBEDZ (Name of Person)				
•				
(Firm/Company)				
5560 LANCEWOOD CIRCLE SOUTH				
PORT ORANGE FLORIDA 30127 (City/State and Zip Code)				
For further information concerning this matter, please call:				
CASSANDRA LEBEDZ at (386) 767-1162 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

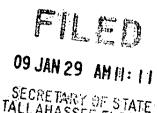
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is	- A	LAHASSEE FLORIDA
HEALTHY LIFE VITAMIN SHOPP	ELLC	
2. The Articles of Organization were filed on3/3,	and assi	gned document number
3. The date the dissolution was approved: June 38	3, 2008	
4. A description of occurrence that resulted in the limited I 608.441, Florida Statutes, (copy 608.441 on back cover	iability company's dissolution pletter).	oursuant to section
Business closed on June 25	8, 2008, at whi	ich time
	· · · · · · · · · · · · · · · · · · ·	eased all
operations permanently on	June 28, 2008	> >•
No Assets, NO MEMBERS NO	- ^ ^	
5. CHECK ONE:		
All debts, obligations and liabilities of the limit	ed liability company have been	paid or discharged.
OR-Adequate provision has been made for the debts	s, obligations and liabilities purs	suant to s. 608.4421.
All remaining property and assets have been distributed rights and interests.	among its members in accordan	ice with their respective
7. CHECK ONE:		
There are no suits pending against the company	in any court.	
Adequate provision has been made for the satis entered against it in any pending suit.	faction of any judgment, order of ugh. a bankrup	try court.
ignatures of the members having the same percentage of me	mbership interests necessary to a	approve the dissolution:
Signature	Printed 1	Name
assandra LeBedz	CASSANDRA	LEBEDZ
	-	
·		

FILING FEE: \$25.00